



Policy Title :

Daily Visual Inspection of Blood and Blood Components

Department	Index No.	Scope
Laboratory & Blood Bank	LAB-053	All Blood Bank Staff
Issue Date	Revision NO	Effective Date
1432/6/5	3	1440/07/24
Review Due Date	Related Standard NO.	Page Number#
1442/07/24	CBAHI (LB. 51)	4

01. Policy:

- 01.1. Blood and blood components are inspected daily to ensure the patient safety.
- 01.2. Blood units that appear not suitable are quarantined until their disposition is decided by a responsible person.

02. Definition :

- 02.1. N/A

03. Purpose :

- 03.1. To provide safe blood and blood product to the patient.

04. Procedure :

04.1. The packed red cells units PRBCs

The PRBCs are daily inspected for:

A- Hemolysis

B- Clots

- Any questionable units should be inverted gently a few times to mix cells and plasma. Observe again for hemolysis, clots and any other problems.
- After sedimentation, again observe the plasma.
- If, after the sedimentation, the blood appears normal, return it to the available blood supply.

C- Good sealing

Check the blood bag at the sealing joints in the tubing or ports for the presence of blood or plasma.



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This indicates inadequate sealing or closure.

D- Any discoloration or signs of contamination

04.1. The Fresh frozen plasma units: FFP:

- 04.1.1. Milky appearance
- 04.1.2. Purple, brown or red color
- 04.1.3. If plasma is strongly lipemic or milky discard the unit of plasma .

04.2. The platelets units

- 04.2.1. Milky appearance
- 04.2.2. Purple, brown or red color
- 04.2.3. If the unit is strongly lipemic or milky discard the unit of platelets
- 04.2.4. Coagulum or fibrin clots

Abnormal units cannot be released for transfusion and the cause should be investigated. It may be necessary to improve donor drawing techniques, screening of donors or handling blood units during processing. If it is decided that the unit is unsuitable for transfusion, mark it on the unit and in the log book. Perform culture from the unit appearing contaminated.

	Red Cells	Platelets	Plasma	Cryoprecipitate
Hemolysis	Bright cherry red color	n/a	Pink/red tinge	Pink to red tinge
Red cell contamination	n/a	Light pink tinge	Light pink tinge to a marked red discoloration	Light pink to a marked red discoloration
Lipemia	Appear to be a lighter shade of red with increased opacity	Milky white color with increased opacity	Milky white color with increased opacity	Milky white color with increased opacity
Icterus	n/a	Bright yellowish brown	Bright yellowish brown	Bright yellowish brown
Bacterial contamination	Dark purple to black in color	Increased opacity, clot and fibrin stands present , grey discoloration, and excessive and unusual air bubbles	Increased opacity, clots and fibrin strands, and excessive and unusual air bubbles	Increased opacity, clots and fibrin strands and excessive and unusual air bubbles
Particulate matter	Contain clots and/or white and opaque masses	Contain clot and fibrin strands and/ or white and opaque masses	Contains various size clot, fibrin and white opaque masses	Contains various size clots and cellular aggregates
Discoloration	Greyish, brown plasma/supernatant	Pink, red, bright orange or green, yellow or brown	Pink, red, bright orange or green, yellow or brown	Pink, red bright orange/yellow, bright green, or brown

Source: Canadian Blood Services Visual Assessment Guide January 2009



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05. Responsibilities :

All Blood Bank Staff of Al-Qunfudah General Hospital.

06. Equipment & Forms

N/A

07. Attachment :

N/A

08. Reference

08.1. Technical Manual of the American Association of Blood Banks.

Preparation , Reviewing & Approval Box

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